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# The FLORIDA OPTOMETRIST

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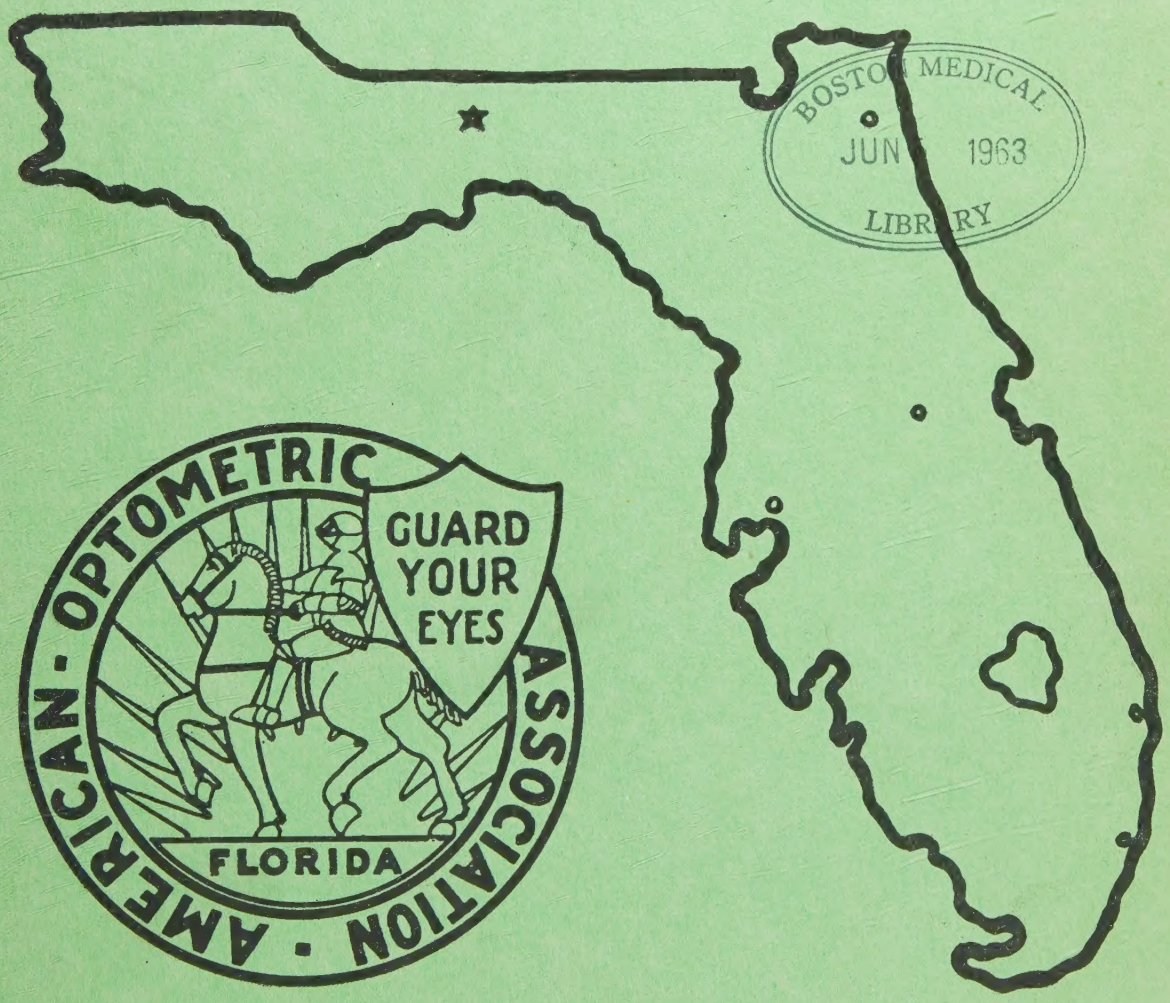
VOLUME 4 JANUARY-FEBRUARY, 1947 NUMBER 1

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*The 8th year and in 1947 still*

# *Numont Ful-Vue*

## With No-Scru Tri-Flex for:

***Strength*** — No-Scru Tri-Flex construction holds lenses permanently, cushions shock. Since endpieces are not attached to the lenses, two frequent lens breakage points are eliminated.

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***Permanent Alignment*** — Tri-Flex springs maintain lens adjustment permanently, give flexibility but positively prevent looseness. Adjustment is facilitated, ending time-consuming fitting annoyances and problems.

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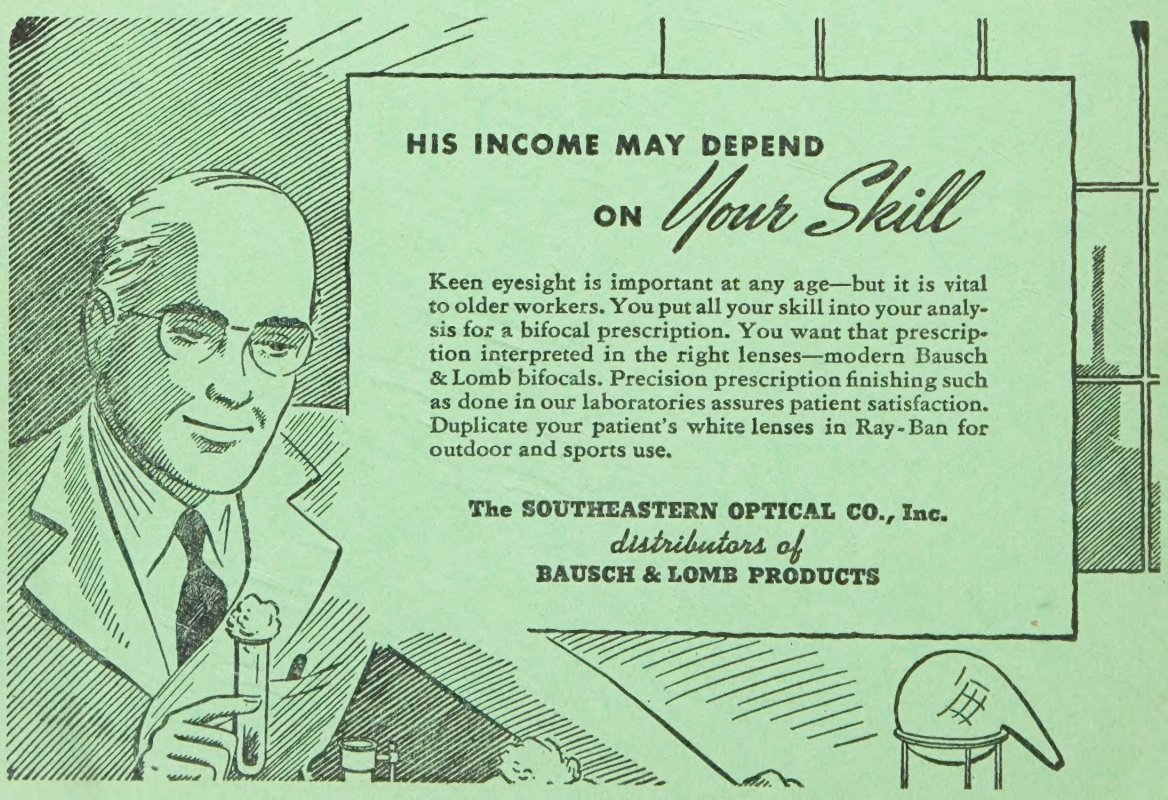

**HIS INCOME MAY DEPEND ON *Your Skill***

Keen eyesight is important at any age—but it is vital to older workers. You put all your skill into your analysis for a bifocal prescription. You want that prescription interpreted in the right lenses—modern Bausch & Lomb bifocals. Precision prescription finishing such as done in our laboratories assures patient satisfaction. Duplicate your patient's white lenses in Ray-Ban for outdoor and sports use.

**The SOUTHEASTERN OPTICAL CO., Inc.**
*distributors of*
**BAUSCH & LOMB PRODUCTS**

# The Florida Optometrist

Official publication of the Florida Optometric Association. Published bi-monthly at St. Petersburg, Florida.

VOL. 4 JANUARY-FEBRUARY, 1947 NO. 1

THE FLORIDA OPTOMETRIST
EDITOR . . . . . DR. R. H. PEMBLE
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The Florida Optometrist is published with the view of advancing the welfare of Optometry in Florida. The editors will appreciate your comment and suggestions. Manuscripts and correspondence should be addressed to the editor, Dr. R. Hilton Pemble, 408 Hall Building, St. Petersburg, Florida.

## IS IT THE END OF AN ERA?

A great political change has recently taken place in the U. S. A great war is in process of ending. A great migration of population is about completed. A great mass of "humanitarian" legislation is in process of economic digestion. There are all events of large proportion. Any one of them alone would have far reaching results. Taken together, they may have cataclysmic effects on this country.

In optometry, too, very great changes have taken place—in techniques in the age-level of practitioners and in the economic practices.

To paraphrase Lincoln, we now come to the time when we shall see if any nation so conceived "can long endure"—or any profession—for the testing time seems close at hand.

Are we, then, at the end of one era and the beginning of another? Can anyone think that the lush and profitable years that have passed (even though they were admittedly, abnormal and, in that sense, unhealthy) will be duplicated in the next five years?

Aboard ship, when a "spell of weather is in sight, they batten down the hatches, put everything ship-shape and bend their best energies and skills to meeting and mastering the problems of the storm. Is that not the best plan for optometrist and optometry?

Should there not be a tightening of self-discipline, a much greater attention to study and self-improvement, a far more careful service to patients and the accumulation of sound reserves to meet whatever arises?

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# Does Commerclal Optometry Pay?

## 17 Wasted Years in Commercial Optometry

After paying for my optometric education, $50.00 per week salary and commission loomed like a fortune to me, so I readily accepted employment with an Industrial Eyesight Survey Co. and went out into factories foisting my services?? on frightened and gullible employees.

I was very well satisfied for 8 years until the depression came and factories began closing, so I then took another step backward and took employment in a department store and was again well satisfied for two years until I could see where I was making my employers wealthy through my services, so I concluded that I should have a department of my own in a department store and I found one to my liking, and had a cracker box booth built and was a white coat doctor and specialist. Again, I was content with my income, but I did not have the respect of my colleagues in town, nor was I practicing according to the dictates of my heart and my education, so I moved to a professional office building and was amazed at the clientele I began to receive, and also of the fact that in my first month professionally my income doubled and now after five years it has increased more than four times, and I really feel like a doctor rendering professional services.

The best advice I can give to all commercial optometrists is get into practice for yourself—the thing you strived for in school and the thing you are mentally equipped for—to render professional services to the public and represent true optometry.

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# Comment Is Merited, So Here It Is!

A research bureau, acting in good faith and organized to serve a good purpose, after making a national study of "local" optical advertising has submitted the finding to OPTICAL WORLD with the suggestion that we "look it over"' and with the hope that "it may merit comment".

While the bureau making this survey is not to be critized, there can be no question about the finding deserving comment. The findings deserve the most severe comment that this publication, or any professional publication, can make. The advertising copy, reproductions of which have also been submitted, in nearly every instance could hardly be worse. It represents in most cases an insult to professionalism, and if a stronger word than "insult" would come to my mind, and could be used with dignity, it most assuredly would be used, and in capital letters heavily underlined.

In those few cases where a manufacturer is advertising locally with the thought of popularizing certain frames the story is different, but such cases are rare in the batch of reproduced advertising copy received. For the most part the advertisements are newspaper advertisements paid for by optometrist, ads that speak of glasses as one might speak of breakfast food, electric refrigerators, corduroy coats, spavin liniment, dog biscuits, rotary pumps, cedar shingles, red flannel, chicken wire, or threshing machine gears.

One ad which no doubt attracted much "local" attention in the town where it was used represents a man suffering from astigmatism kissing a cow. The optometrist, through his advertising copy writer, states that this awful blunder would not have occurred had the man been properly fitted with glasses at this store where there is "a registered optometrist in charge"'. While it is obvious from the illustration that the cow had more reason to complain than did the man, and that she must have had something more than astigmatism wrong with her eyes, yet the store for some reason failed to cash in on this second opportunity. Why not try for two "sales"? When one goes commercial why not go all the way?

More seriously, however, the study made by this research bureau reveals a startling situation. The survey shows in concrete form, and in the bulk, the main problem that optometry

(Continued on Page 5)

# Brief Resume of the Differential

## Diagnosis of Some Common Ocular Inflamations

**Dr. W. R. Cramer, President,**
**Southern College of Optometry**
**Memphis, Tennessee**

A study of the differential diagnosis of the various diseases of the eye is not only extremely interesting, but a complete understanding of many of the diagnostic features of at least the more common eyes diseases is virtually important in practice. One of these prevalent inflammatory diseases of the eye is iritis. Many of the present day authors state that in the majority of cases where there is an inflammation of the iris (iritis), there is also an inflamation of the ciliary body (cyclitis) and thus the condition is one of iridocyclitis. While no doubt this is usually true, we, for the sake of charity in the present article, will confine our discussison exclusively to the condition commonly referred to as "iritis."

Generally speaking, iritis is most often confused with conjunctivitis, a condition which like iritis is quite common, and also with keratitits and with acute glaucoma, two conditions which are less common. For a complete description of these various inflammatory conditions, the reader is referred to any of the standard texts on diseases of the eye, for in this article we will confine our discussion mainly to the differential diagnosis of these conditions.

In the practice of Optometry, the importance of being able to positively differentiate iritis and conjunctivitis is obvious. Iritis is a condition which needs immediate and competent medical treatment, and thus it is imperative that it be diagnosed accurately and the case placed under proper treatment as soon as possible. Conjunctivitis, on the other hand, is a condition which seldom results in serious sequelae, especially if it be of the simple variety. This too, of course should be given the benefit of proper medical treatment, but in many of the mild cases the use of a simple collyrium of boric acid, which the patient is usually using, will suffice to remedy the condition if the original cause and other factors manifest in the etiology of the inflammation are also removed. Thus it is that in many simple, mild cases of inflammation, the optometrists is well within his rights to refract the case, for indeed, an error of refraction may be the direct or contributory cause of the reaction. However, on the other hand, to refract a case of iritis, would in the majority of cases border on malpractice. Likewise, it is hardly necessary to mention that, to confound the usually serious condition of acute glaucoma with either conjunctivitis or iritis, would indeed be a dire diagnostic error. The responsibility of the examiner in the correct diagnosis of these conditions is thus apparent.

One of the first essentials for making differential diagnosis between disease of the conjunctiva and disease of the iris, ciliary body, and the cornea, is to understand thoroughly the difference between conjunctivial injection and ciliary injection. Conjunctival injection, as its name implies, is an injection of the conjunctiva and of course is present in diseases of the conjunctiva. Ciliary injection is present in diseases of the iris, ciliary body, and corena. In the case of conjunctival injection, it is the result of hyperaemia, of the posterior conjunctival vessels while ciliary injection is the result of dilation of the anterior ciliary vessels from preforating episcleral branches. In the case of conjunctival injection, it will be found to be most marked near the fornix and fading as it approaches the corena. The injection likewise moves with the conjunctiva when pressure is exerted on the lower lid. In ciliary injection the reverse is true. The injection is most marked immediately around the corena and fading toward the fornix, and it cannot be moved by a movement of the conjunctiva. In conjunctival injection the texture of the vessels is coarse and the color of the injection is vivid red, while in ciliary injection the texture of the vessels is fine and the color of the injection is pink, violaceous, or lilac. For the purpose of further familiarizing the reader with the salient features of conjunctival injection and ciliary injection, the following table is given:

**Conjunctival Injection**

Present in diseases of the conjunctiva.
Derived from posterior conjunctival vessels.

(Continued on Page 4)

# A Brief Resume

(Continued from Page 3)

When the eyelids are pressed on the bulbar conjunctiva, and the latter moved, the congestion also shifts its position.

Most marked at and near fornix, fading as cornea is approached.

Color of injection is a vivid red.

Composed of a network of coarse, tortuous vessels, anastomosing freely, and placed superficially, so that the meshes are easily recognized.

Usually associated with muco-purulent secretion.

**Ciliary Injection**

Present in diseases of the iris, ciliary body, and cornea.

Derived from anterior ciliary vessels from peforating episcleral branches.

Remains stationary when conjunctiva is moved.

Most marked immediately around the cornea, fading as the fornix is approached.

Color of injection is pink, violaceous, or lilac.

Composed of small,straight vessels, placed deeply, so that the individual vessels cannot be recognized easily, but are seen indistinctly as fine, straight lines radiating from the cornea.

Usually not accompanied by abnormal secretion.

While a thorough understanding between conjunctival injection and ciliary injection is necessary in the differential diagnosis of conjunctivitis and iritis, other very important diagnosis points must also be mastered. Before discussing the various symptons manifested in iritis, however, a brief resume of the anatomy of the iris as well as pathology involved in iritis will be considered. Generally speaking, the iris may be considered a diaphram of blood vessels and unstriped muscle fibries held together by a very loose, spongy stroma. The pupiliary margin, in its prepetual movements, slides to and fro upon the lens capsule. Thus, the more the puipl is constricted the more the posterior surface of the iris is in contact with the lenscapsule. When the iris is fully dilated, it, as a rule, does not touch the lens.

The paramount steps of inflammation are dilation of the blood-vessels, impairment of the capillary walls, exudation of lymph into the tissue spaces, and lympho or leuco-cytosis. Inflammation of the iris is essentially the same as inflammation occuring in other connective tissues, and therefore it includes the inflammatory steps just mentioned. However, in the case of inflammation of the iris (iritis), due to the peculiar distribution of the vessels, the extreme vascularity, and the loosness of the stroma, inflammation in it produces special results. Thus on account of the radial disposition of the vessels, simply hyperaemia tends to cause the pupil to contract mechanically. Ordinarily, this is to some extent physiological, but is greatly increased under pathological conditions. The extreme vascularity and the looseness of the tissues causes an unusually large amount of exudation on the one hand, and of swelling on the other. Owing to the greater albuminous content of the fluid, its viscosity is increased so that it escapes into the anterior chamber and out of the anterior chamber by way of the filtration angle with greater difficulty. The iris, from being a partially wrung-out flat sponge, becomes a sponge full of sticky flued. Hence its freedom of movement is greatly impaired, and the normal reactions become very sluggish or completely abolished. The fluid, too, contains deleterious substances which acts as irritants; the nerve endings are stimulated so that the muscle fibers contract.

In any case in which the sphincter and dilator fibres are equally and uniformly stimulated, the sphincter overcome the dilatator so that constriction of the pupil follows. Thus, from the forgoing, it is easy to understand the chief signs of iritis. The pupil is constricted, partly owing to hyperaemia, partly to irritation; the edge of the pupil is markedly irregular. The constriction, partly to what may be termed waterlogging. The latter condition causes an alteration in the appearance of the iris. The delicate iris pattern, instead of being clear and sharply defined, becomes blurred and indistinct and is often referred to as a muddy iris. The color undergoes considerable change, varying according to the condition of normal pigmentation. The iris being richly supplied with sensory nerves from the opthalmic division of the fifth nerve, pain is therefore a prominent symptom in most cases. It is not confined to the eye, but is also referred to other branches of the first division of the fifth nerve, especially to the brow and parts supplied by the supraorbital and trochlear branches, but also to the cheeks and malar bone and sometimes to the nose and teeth.

As explained previously, pain is an important sympton of iritis. However, in conjunctivitis, pain is not characteristic and instead the patient complains of irritation of the eyelids, and a hot, gritty, or sandy feeling. The vision in iritis is usually dim, while in conjunctivitis, after the eyeball is cleared of se-

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# Free Adjustment Service Economically Unsound

**by M. B. Gross, O.D.**
**(Reprint Optical Journal-Review**

There are three categories of people who come in for adjustments. The first says "Thank you" and rises to leave; the second will ask "Is there any charge?" and will glare truculently upon my answer "Yes," and the third will ask "How much do I owe you?"

To those who are my patients I will say "This is part of the service you paid for," and I will invariably be thanked.

Any stranger walking into my office takes up my time and, when he asks for some service, he should expect to pay for it. Having had my fill of free adjustments, I can declare that 99 per cent come in to use me as a convenience and will never return to become patients. Certainly a patient will not walk into a physician's office to have a loose dressing redressed without charge.

Whatever you do for the public for nothing is evaluated to be worth nothing. The old psychology of having done him a favor for which he is indebted to you is antiquated. No one wants to be indebted to anyone. It hurts his pride.

Every optometrist should set a fee for adjustment so that he may never hear the story that "I can go into any office to have my glasses adjusted for nothing." This question may be considered to be a small, insignificant detail, but it is, however, part of the grand total at signifies a professional optometry.

—Illinois News Letter.

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# Comment Is Merited

(Continued from Page 2)

faces. This problem may be a diminishing problem, and optimists believe it is that, yet when a mass of evidence is piled up, such as is piled up by this study, then pessimism comes quite naturally. The problem of commercialism in this profession is still a grave one, it is, in fact, stupendous.

The bureau in its classifications, rightly enough from the standpoint of a research bureau, states that the object of the survey was to help optical advertisers realize greater profit from local newspaper advertising. Well, "profit" is a good word when used in the right place, but when it is tied to an optometrist it is all out of place. Of course, no person in his right mind would think of saying that the average optometrist does not wish to make money. He does wish to make money, and he would be a peculiar type, if he did not wish to make money. The most unselfish man can be unselfish in a better way if he has some money with which to be unselfish. Admittedly, the average optometrist wishes to make money, but by the same token, if making money is his prime objective he is no optometrist. The very moment that "profit" becomes his primary word and "service" his secondary word he no longer is a true optometrist, he is a tradesman, a tradesman operating under the wrong colors. The question might also be asked, that if an optometrist is sufficiently non-professional to wish to "sell" glasses at a "profit" why sell anything so small? Why fuss around with "merchandise" as tiny as this, why not make it automobiles, or houses and lots, or shall we say stocks and bonds? It is down-right silly to spend four years in professional training in order to sell small merchandise. The time might better be spent in a business college or in the sales training department of a successful commercial establishment.

The rsearch bureau which gleaned these ads from all parts of the country and based statistics upon them is doing a basically fine work. It is to be complimented on its service. It is doing what it is set up to do. That is its business. The findings of this study, however, makes it quite impossible to say anything so nice as that about the optometrists who published these advertisements and paid for them. They are not doing what they were originally set up to do. That is not their business. Whenever "profit" becomes Word No. 1, and "service" becomes Word No. 2, the optometrist has forgotten his original set-up and has abandoned his real business.

The bureau suggests that we "look over this study" for "it may merit comment". We have looked over the study as suggested. Our comment is that the study as a very commendable, but the revalations emerging from the study have made this cloudy autumn day seem cloudier yet. Our hope of course lies in the sunshine of the great tomorrow.

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Education makes people easy to lead but difficult to drive, easy to govern but impossible to enslave.—Lord Brougham.

# Golden Jubilee Congress Shaping Up

The Golden Jubilee Congress of the American Optometric Association Association scheduled to be held in Atlantic City next summer promises to be one of the greatest meetings ever staged by the association.

A recent bulletin from Congress Committee headquarters advises that over eighty percent of the exhibit space has already been sold and a complete sell out is assured according to Dr. E. C. Nurock, exhibits committee chairman. At present approximately 10,000 square feet of space has been reserved and an effort is being made to secure additional space to accomodate more exhibitors. Supply is catching up with demand and many manufacturers who were unable to make a display last year now have material available and are planning complete and comprehensive exhibits and demonstrations of new and improved equipment. Dr. Nurock advises that as soon as all booth space has been allocated, names of those exhibiting will be released.

**Hotel Reservations Going Fast**

Hazel M. Hartman, convention manager of the Hotel Chelsea reports that the demand for rooms is brisk and she estimates that more than fifty per cent of the available convention rooms at the headquarters hotel have been spoken for and indication are they will all be gone in a few weeks.

Dr. George L. Brown, general chairman of the Golden Jubilee Congree announces that the contract with the hotel Chelsea protects registrants against any increase in rates for the duration of the meeting and future contemplation of a relaxation of OPA regulations.

The committee hopes to complete and release the final program within a few weeks and all groups that desire to hold special meetings, breakfasts, dinners or luncheons are urged to make necessary arrangements at the earliest possible moment. Requests of this nature should be addressed to Dr. Earl H. Ridgeway, General Secretary, 140 West State Street, Trenton, 8, New Jersey.

**Educational Program To Be Announced Soon**

As presently planned the Educational Program for the Congress will represent an important improvement over programs of the past. All recognized optometric schools and colleges, educational groups and numerous individuals have aready signified their intention to cooperate. The services of all participants will be offered as a contribution by the institutions, groups or the individuals, the commitee said.

Tentative plans calls for three educational sesssions. Each session will be divided into three periods of 50 minutes each which will allow a 10 minute intermission between periods. Lectures and courses will run from 1 to 9 periods. During each period a number of lectures will be scheduled and in this way each registrant will have a wide choice of subjects during any given period.

With representation from all schools and colleges, educational groups and individual lectures, registrants will be assured of the most extensive educational program ever presented at a national meeting. Tickets for the whole educational program will be included in the Official Activities Book which each registrant will receive.

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## DR. WIDDERSHEIM OPENS OFFICE IN CORAL GABLES

Dr. Jack M. Widdersheim, who recently returned from four years service with the Air corps and who saw one year of service with the 13th. Air Force in the South Pacific, where he participated in the China offensive (2 bronze stars) and Boreno campaign (1 bronze star) serving as Detachment Commander for the 2nd. Emergency Rescue Squadron, and who was honorably discharged with the rank of Captain, has opened an office for the practice of Optometry at 143 Majorca Avenue, Coral Gables.

Dr. Widdersheim, graduated from the Southern College of Optometry in 1940 and passed the Florida State Board examination in 1941. He practiced with Dr. W. J. Gerson in Miami up until the time he enlisted in the Army in 1942.

Dr. Widdersheim resides in Coral Gables with his wife and daughter.

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## FLORIDA OPTICAL OPENS ORLANDO OFFICE

The Florida Optical Supply Company announced this month that they have opened a branch at Orlando, which has been placed in charge of Paul Salkind, formerly of Miami. The office is located at 423 S. Orange Ave. Mr. Salkind has had many years of experience and is prepared to give optometrists in central Florida a prompt and efficient service.

# A Brief Resume

(Continued from Page 4)

cretion, iritis, as previously mentioned, is that the pupil is generally constrated and is very sluggish, or something immobile, while in conjunctivitis the pupil is normal. An examination of the cornea in iritis will, in some cases, show triangular, punctate deposits on the lower half of the posterior surface, the apex of the lower half of the poterior surface, the apex of the triangle directed upward, while in the case of conjunctivitis, the cornea is unaffected. In iritis the anterior chamber will show, in complicated cases, that it is deeper, there may be complete annular synechiae, and the aqueous humor may be turbid, while in conjunctivitis it is normal. However, in uncomplicated cases of iritis, the anterior chamber may appear normal, so that this point is not of great diagnostic value except in complicated varieties. The tension in iritis is usually normal, but there is a rule, tenderness on pressure over the ciliary region; in conjunctivitis the tension is likewise normal, but the tenderness is usually absent. The iris itself, in iritis, will quite frequently be found to be discolored and the surface may be irregular, while of course in the case of simple conjunctivitis, it is unaffected. In iritis there may be lacrimation but there is no discharge, while in conjunctivitis there is usually a mucous or mucopurulent discharge. Age may also help in the diagnosis, for iritis is common before the age of forty, while conjunctivitis may occur at any age. The ophthmoscopic examination in iritis will show the fundus usually partially or completely obscured, but in conjunctivitis it is unaffected. In addition to these signs and symptoms, it may also be mentioned that in iritis occasionally there may be extreme photophobia, tiring of accomodation, malaise, fever and nausea, while in conjunctivitis there symptoms are uncommon.

Thus it can be seen from the foregoing differential description, that iritis presents the more severe clincial picture in most every regard.

Inasmuch as both conpunctivitis and iritis are quite common and thus are seen frequently by every optometrist, it has been deemed advisable to limit our differential diagnosis so far to these two conditions without introducing many points of differentiation between them and keratitis and also acute glaucoma. This, it is believed, will result in a clearer differential picture between the two conditions which are most often met with in general practice. How-

(Continued on Page 10)

*stag*

THE NEW *Shuron*

STYLE FOR MEN

**Stag is a rugged, handsome masculine frame; designed for comfort and smart appearance. Available in two colors—**

**CORDOVA—zylonite in the rich brown of Spanish tooled leather.**

**"LUCITE"—in the sparkling crystal of this wonder plastic.**

**EYES—44 and 46 mm. only**
**D.B.L.—20, 22 and 24 mm.**

*Shuron*

OPTICAL CO. INC.

**GENEVA**

**Rochester** **Mt. Vernon**

# Tampa Hosts First Annual Mid-Winter Congress

The first annual Midwinter Congress was held at the Tampa Terrace Hotel, Tampa, Florida, January 19-21. The excellent program was "sectionalized" into advanced applied optometry, visual training and psychologial optics. As is always the case when he is on the program. Dr. Samuel Renshaw highlighted the congress.

Formal subjects were motor theory, figure ground organization and field organization, but the related fields of physiology and neurology were covered in the discussions. Sigificances of the latest microscopic anatomy and fields of experiment psychology and learning were discussed in connection with human vision.

Ohio State Univeristy summer sessions were the origin of much of the work presented by Drs. G. N. Getman and Esther Ingram, whc collaborated in outlining the sequence and procedures for applied visual training "out in the field."

Those who were present saw and experienced new approaches, procedures, methods and verities in didactic and clinical demonstration.

Dr. A. M. Skeffington, who with Dr. Ingram had revived the old Southeastern Congress in the same town of Tampa many years ago, enlightened his audience on the topics of " reading as a fact of human performance," "reading as an imparing factor in human performance," and "alteration in the organismic plane of regard as a correction for impariment."

This eager, appreciative group, made up of optometrist from points as distant as Milwaukee, Pittsburg, District of Columbia and Canada, was favored with superb weather conditions.

The 1948 congress was set for January 25-27, and many of the arrangements were completed at this congress.

**Doctors**

Dr. Agnes Sutton Austin
Dr. Jane Brent
Dr. H. C. Bumpous
Dr. Fred L. Campbell
Dr. C. G. Capps
Dr. Giamnina Castelli
Dr. A. I. Clark
Dr. Arthur Collins
Dr. James C. DuBose
Dr. Anita Eberl
Dr. Karl K. Eychaner
Dr. H. H. Fennell
Dr. Zoraida Fennell
Dr. Paul L. Gloger
Dr. W. M. Hale
Dr. A. C. Haughton
Dr. Esther M. Ingram
Dr. Carl A. Kauffman
Dr. D. L. Kauffmann
Dr. A. D. Kelly
Dr. John R. Keene
Dr. John D. McCord
Dr. H. P. McDonald
Dr. R. K. McEwen
Dr. J. E. McKibben
Dr. Henry McLaulin
Dr. G. L. Mandaville
Dr. M. M. Martinson
Dr. Anna M. Miller
Dr. Tom Moore
Dr. Niles Moren
Dr. Thomas J. Nelson
Dr. W. B. Needles
Dr. Stephen C. Outlaw
Dr. R. Hilton Pemble
Dr. C. M. Sanders
Dr. S. B. Schumacher
Dr. W. D. Sullins
Dr. Alma Wilcox
Dr. C. H. Wiesepape

**Wives**

Mrs. C. G. Capps
Mrs. A. C. Haughton
Mrs. D. L. Kaufmann
Mrs. C. M. Sanders
Mrs. W. D. Sullins

**Speakers**

Mr. George Campbell
Dr. G. N. Getman
Dr. Samuel Renshaw
Dr. A. M. Skeffington

**Assistants**

Miss Jahn Lorrayne
Miss Jewel Prater

(Continued on Page Nine)

# Tampa Hosts

(Continued from Page 8)

**Supply House Representatives**

Mr. Joe Budd
Mr. W. P. Davis
Mr. W. F. Gremer
Mr. Frank Haney
Mr. E. S. Hirsch
Mr. James L. Jarvis
Mr. James T. Lynn
Mr. H. B. Nicholson
Mr. A. B. Pervis
Mr. W. R. Randall
Mr. R. A. Smith
Mr. A. M. Sutton
Mr. William D. Thompson
Mr. James A. Vaughn

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Beware of little expenses, a small leak can sink a ship.—Benjamin Franklin.

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Conscience is a walkie-talkie set by which God speaks to us.—James J. Metcalf.

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Northern Illinois alone has over fifty Florida students studing optometry.

## OPTOMETRIC BANKRUPTCY

Just as sure as you keep drawing out of your Optometric Knowledge without making new deposits, the next thing will be 'No Funds."

Optometric deposits and checks must more than just balance if we are to be optometrically dynamic.

The worst bankrupt in the optometric world is the optometrist who has lost his enthusiasm, one who keeps drawing from his optometric resources without subjecting himself to the sources of optometrical reinforcements and upbuilding.

There are enough brakement and flagmen in the profession to last many years. What we need in optometry is more firemen.

Henry B. Day, O.D.
—North Carolina Optometrist

The annual convention of the Florida Optometrist Association will be held in St. Petersburg, at the Suwannee Hotel June 15, 16, 17. Dr. Andrew H. Holloway is the General Chairman and will announce plans for the meeting soon.

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# A Brief Resume

(Continued from Page 7)

ever, it must not be forgotten that there are at least two other conditions that are sometimes confused with conjunctivitis and with iritis. These are, as mentioned before, keratitis and acute glaucoma.

In reference to keratitis, it suffices to say that the cornea is characterized essentially by diffuse or localized cloudiness, but is unattended by ciliary tenderness, nocturnal pain, and there are no changes in the iris or pupil, unless the case is complicated with iritis.

In acute glaucoma, there is intense headache and radiating pain in the eyeball that may be so severe as to cause nausea and vomiting. The vision varies from dimness to blindness, and the pupil instead of being contracted as in the case of iritis, or normal as in conjunctivitis, is dilated and presents also a greenish reflex. There is a dark red conjunctival injection and the vessels are dilated. The cornea is diminished in sensitiveness and at times reaches complete anesthesia. It will be remembered that in the case of iritis, the anterior chamber of uncomplicated cases is unaltered an din complicated case is somewhat deeper, and in conjunctivitis it is unaffected. However, in acute glaucoma, it is usually shallow. A paramount sympton of acute glaucoma is an increase in tension which may vary from a slight increase to stony hardness. The iris may appear discolored which is due to pressure on the epithelium of the cornea; and unlike iritis, acute glaucoma is rare before forty. An ophthalmoscopic examination will show, in the majority of the cases, when the fundus can be seen, the characteristic cupping of the disc, which of course is absent in both iritis and conjunctivitis.

### DR. J. J. MCKIBBEN OPENS OFFICE IN WINTER HAVEN

Dr. Joseph J. McKibben, son or Dr. and Mrs. R. W. McKibben has opened an office for the practice of optometry at 138 Second Street, in Winter Haven.

Dr. McKibben, graduated from the local high school, attended the University of Florida and received his degree from the Northern Illinois College of Optometry in 1942. He then entered the Army air forces and piloted a B-24 until being placed on inactive duty a year ago. During 1946 he attended school for several months and then practiced in Gainsville.


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## List of Members Who Have Joined This Year

E. W. Frazee
F. P. Archer
F. P. Archer, Jr.
W. F. Burts
M. B. Smith
Emanuel Pushkin
C. F. McClamma
M. E. Jordan
Chas. A. Basehoar
J. M. Widdersheim
C. B. Brand
Joseph Arias
Leonard Barker
E. S. Barrack
L. C. Coles
Charles Conboy
Clarence C. Edewaard
Karl K. Eychaner
George Gerson
Leonard Grunthal
Leonard Haskin
A. C. Houghton
A. H. Holloway
Kenneth J. West
Roe Fulkerson
C. James Knerr
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R. K. McEwen
G. L. Mandaville
L. B. Mayer
Tom Moore
Grant T. Newberry
S. B. Schumacher
Reade Tilley
L. A. Roddy
H. J. Conklin
Paul M. Kessler
B. M. Laxson
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E. Thomas Beatty
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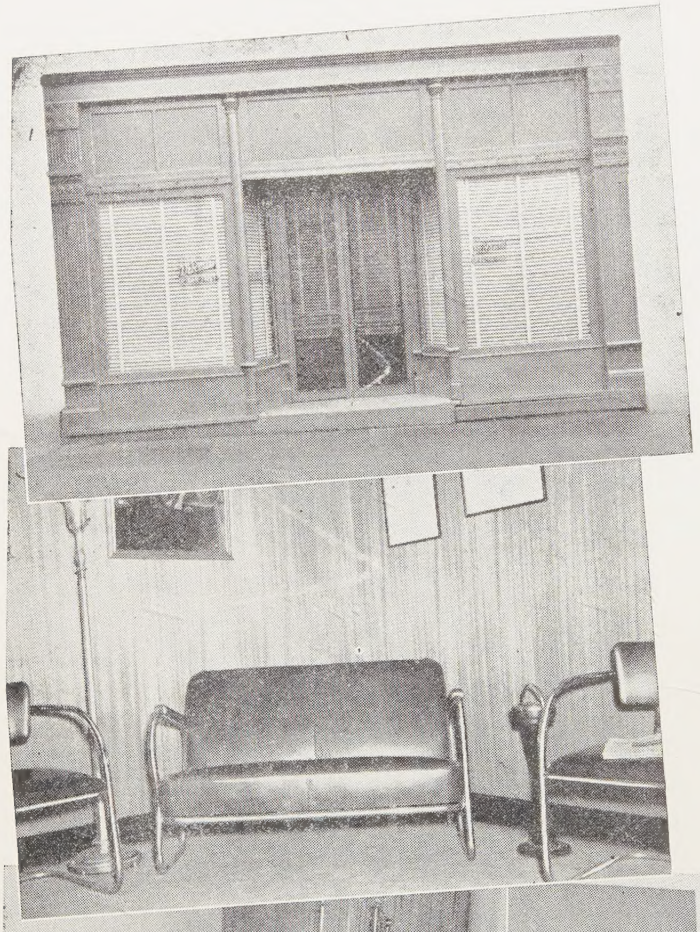

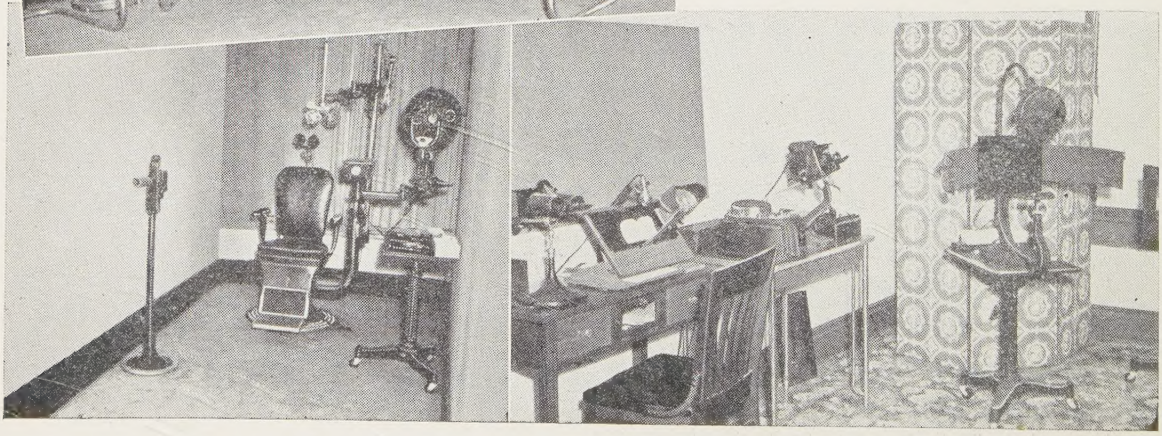

## Converting a Store Front to a Professional Office

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